

Case Number:	CM14-0042175		
Date Assigned:	06/30/2014	Date of Injury:	03/18/2010
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male who sustained an injury on 03/18/10 when a large thorn impaled the injured worker's left ankle. The injured worker developed a subsequent infection which required a 28 day hospital admission. The injured worker is noted to have had chronic opening of the wound at the left ankle which did require intermittent wound care. It is also noted that the injured worker was being followed for concurrent depression and anxiety and was being seen for individual psychotherapy. The injured worker was seen on 02/27/14 for a wound evaluation. Per the report, the injured worker's left leg wound was closing slowly. Excoriation was identified. Medications at this visit included Celebrex 200mg taken twice daily as well as Ranitidine and Miralax. The injured worker was seen on 03/07/14 with complaints of continuing chronic low back pain as well as left lower extremity pain. Lower extremity venous stasis changes were noted in the lower extremities. There was a healed wound noted in the mid-shin medially to just above the ankle. There was intact motor strength in the lower extremities with some pitting edema present. The report did not recommend the continuation of Celebrex due to potential renal insufficiency. Further rehabilitation of the lower extremities was recommended. Combined with rehabilitation, the injured worker was recommended to start Norco for pain. Follow up on 04/29/14 did note new ulcers present in the left lower extremity. The injured worker was recommended for compression therapy. The clinical report from 05/02/14 noted a continuing wound in the left lower extremity which was requiring continued wound management. There were recommendations for a gym membership and aquatic therapy. The injured worker was also recommended to continue with cognitive behavioral therapy. The requested gym membership and Celebrex 200mg, quantity 60 were both denied by utilization review on 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

Decision rationale: In regards to the request for a gym membership, this request is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Gym memberships are not typically recommended for injured workers due to the lack of oversight and the risk for re-injury. In this case, there is no indication that the injured worker has failed any other attempt for formal rehabilitation. It is noted in the March of 2014 clinical reports that an active rehabilitation program was recommended for the injured worker. It is unclear from the reports why this was not pursued. Given the injured worker's continuing left lower extremity wound treatment and the risk for re-injury, a gym membership is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: In regards to the request for Celebrex 200mg, quantity 60, this request is not medically necessary. In review of the clinical documentation submitted, there had been noted recommendations against using Celebrex due to potential renal insufficiency. Given the injured worker's lower extremity vascular issues, there was concern regarding side effects from the use of Celebrex. Given the lack of any clear indication that Celebrex was providing any substantial functional improvement or pain reduction for this injured worker and as guidelines do not recommend long term use of anti-inflammatories such as Celebrex due to the potential complications of extended periods of use, request is not medically necessary.